

# Admissions Application

## Northwest Regional Training Center EMT-Basic Program

Return application to:

Month/Year applying for: \_\_\_\_\_

EMT-Basic Program  
11606 NE 66<sup>th</sup> Street  
Vancouver, Washington 98662

Name \_\_\_\_\_  
Last
First
Middle Initial

Mailing Address \_\_\_\_\_  
Street or P.O Box
City
State
Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Requirements for Admission to the Program

Initial each area below validating that you meet and understand the requirements. All paperwork and monies must be turned in one week prior to start date of class unless other arrangements have been made with staff at the training center.

Initial	Requirement
	<b>Age 18 or Older</b> – I certify that I am currently or will be 18 years of age or older prior to the start date of the program. I have a High School diploma or GED. <b>PLEASE ATTACH COPY OF DRIVERS LICENSE</b>
	<b>Immunizations Required</b> – I understand that there are <b>THREE (3) required immunizations</b> , as follows: (1) <b>MMR immunization</b> at least twice during my lifetime, or within the last ten years; (2) <b>Hepatitis B immunization</b> or signed waiver; and (3) <b>Negative Tuberculosis test or chest x-ray</b> within the past six months. See your personal physician or the attached list for testing locations. <b>PLEASE ATTACH COPIES OF IMMUNIZATIONS AND TEST TO THIS APPLICATION</b>
	<b>Washington State Background Check</b> – I understand that I must provide a background check. This report may be obtained in a number of ways. Contact the Washington State Patrol at 360-705-5100 or access the WSP website at <a href="http://www.wsp.wa.gov/index.htm">http://www.wsp.wa.gov/index.htm</a> and click at the site "WATCH." You will need to pay \$10 by credit card to obtain your report. You may also have the NWRTC perform the background check for you for a \$15.00 fee. There are certain convictions that will cause you to be denied admittance to the program. See admissions personnel for a list of these offenses. <b>PLEASE ATTACH REPORT TO THIS APPLICATION</b>
	<b>Healthcare Provider CPR Card</b> – I understand that I need to have a current Healthcare provider CPR card. (These classes are available at the training center if your card is not current.) <b>PLEASE ATTACH A COPY OF YOUR CURRENT HEALTHCARE PROVIDER CPR CARD</b>
	<b>\$70.00 Application Fee</b> – This is a non-refundable fee which must be submitted with your application. <b>PLEASE INCLUDE A CHECK OR MONEY ORDER PAYABLE TO NWRTC.</b>

I have read and understand the requirements and conditions outlined above.  
Please consider my application for entrance to your EMT-Basic Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature